

Candidate Physical Abilities Test Authorization
CPAT FORM DR#2009

Your patient is a candidate for employment with the Howard County Department of Fire and Rescue Services and will be required to participate in the Candidate Physical Abilities Examination (CPAT). CPAT tests the candidate's ability to perform a series of eight (8) work behaviors or events that are critical to the performance of firefighting, as well as the candidate's aerobic and anaerobic capacities. These events are placed in a sequence representing the activities of a firefighter at a fire scene, and the candidate is required to perform the test while wearing a 50 pound vest that simulates the weight of the protective clothing and self-contained breathing apparatus worn by firefighters at a fire scene.

In order to successfully complete the test, the candidate will be required to complete all of the following events in the time period of **10 minutes and 20 seconds**:

1. **Stair Climb** – Weights totaling 25 pounds, will be added to simulate the effort required for carrying a high-rise pack or hose bundle to the upper floors of a multi-storied building.
2. **Hose Drag** – Simulates the effort required to extend and advance a hoseline from fire apparatus.
3. **Equipment Carry** - Simulates the effort required to remove and carry power tools from fire apparatus to the emergency scene.
4. **Ladder Raise and Extension** – Simulates placing and extending a ground ladder to a window or roof.
5. **Forcible Entry** – Simulates the effort required to open a locked door or to breach a wall using physical force.
6. **Search** – Simulates the effort required to search for a fire victim with limited visibility in an unpredictable area.
7. **Rescue** – Simulates the effort needed to remove a victim or injured partner from a fire scene.
8. **Ceiling Breach and Pull** – Simulates the effort required for breaching and pulling down a ceiling to check for fire extension.

Candidate's Name (PLEASE PRINT)	Birth Date	Social Security Number
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**CAN THIS PERSON SAFELY PERFORM THE CPAT AS
DESCRIBED ABOVE?**

YES ☐

NO ☐

PHYSICIAN'S NAME(PRINTED)	DATE	STAMP/PHONE NUMBER
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PHYSICIAN'S SIGNATURE

Physicians ONLY can call 410-313-2033 for additional information regarding the CPAT.